

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-JUN-2016		2. TIME 00:25:00		3. ADDRESS OF OCCURRENCE 1438 W 63RD ST CHICAGO, IL 60630		4. LOCATION GRID 281		5. BEAT/GRID 0713												
MEMBER INVOLVED	6. POSITION 9161		7. LAST NAME BANDOLA		8. FIRST NAME ROBERT S		9. STAR NO 7810		10. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		11. RACE/ETHNICITY WHI		12. HT 509		13. WT 190					
	14. DATE OF APPL 27-NOV-2008		15. EMPLOYEE NO		16. UNIT & BEAT OF ASSIGNMENT 007 0715R		17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. MEMBER IN UNIFORM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	20. (LAST) NAME SHIELDS		21. FIRST NAME ALAN		22. M L		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		24. RACE 21-JUN-1984		25. HT 907		26. WT 180							
SUBJECT INFORMATION	27. ADDRESS 1812 S 80TH COURT, CICERO, IL 60804				28. TELEPHONE NO				29. WAS SUBJECT ARMED/MOUTH (SPIT, BITE, ETC) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. SUBJECT INJURY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				31. SUBJECT ALLERGIC REACTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	32. WHERE WAS MEDICAL TREATMENT OBTAINED?				33. BY WHOM?				34. CONDITION <input checked="" type="checkbox"/> Asphyxiated Normal <input type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized				35. UNDER INFLUENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				36. MEDICATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	37. CHARGE(S) PLACE(S) ***** PLEASE SEE NEXT PAGE *****				38. DNA				39. CB NO 18323335				40. DNA							
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT/ABUSE		ASSAULT/BATTERY		ASSAULT/DEADLY FORCE											
	DO NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER HUMAN SALIVA		USE OF FORCE LIKELY TO CAUSE DEATH OR (GPA) BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER											
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLD <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Control Stim) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER		KNIFE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER		FIREARM <input type="checkbox"/> OTHER											
WEAPON DISCHARGE INCIDENT	41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				42. ADDITIONAL INFORMATION															
	POSITION		STAR NO.		UNIT															
	43. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		44. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		45. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		46. WEATHER CONDITIONS CLEAR													
47. TASER DART ID NO.		48. WEAPON SERIAL NO. (Include Letters)		49. CHICAGO GUN REG. NO.		50. IL FIREARM OWNER ID NO.		51. HANDGUN CERTIFICATE NO.												
52. SPECIAL WEAPON CERTIFICATE NO.		53. PROPERTY INVENTORY NO.		54. TYPE OF AMMUNITION USED		55. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		56. TOTAL NO. OF SHOTS MEMBER FIRED												
57. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		58. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		59. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		60. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		61. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
62. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		64. DID MEMBER USE SIGHTS																
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT. <input type="checkbox"/> 02 6-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.																		
67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																		
CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. <input type="checkbox"/> CPIC				NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.				Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
	73. REPORTING MEMBER (Print Name) BANDOLA, ROBERT S 07-JUN-2016 04:48:24				STAR/EMPLOYEE NO 7810				SIGNATURE											
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D				STAR NO. 814				SIGNATURE				DATE REVIEWED 07-JUN-2016 04:57:01							
	75. REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D				STAR NO. 814				SIGNATURE				DATE REVIEWED 07-JUN-2016 04:57:01							

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THIS REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE EXCHANGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4) ANY IEBR USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THIS REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUPERVISOR'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as presented this R/LI believes that the officer followed all department policies, procedures, and the use of force according to the law.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CROWD _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED

TIME

08-JUN-2016 01:54:03

79. TOTAL TRN# THIS EVENT NO.

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